

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	/						51						
2	/						52						
3		/					53						
4		/					54						
5		/					55						
6		4					56						
7	/	/					57						
8		/					58						
9		/					59						
10		/					60						
11	/	/					61						
12		/					62						
13		/					63						
14		4					64						
15		4					65						
16	/	/					66						
17		/					67						
18		/					68						
19		3					69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
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27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
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35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	22						TOTAL DEP.						
TOTAL CLAIMS	27						TOTAL CLAIMS						

11  
11  
22